

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. FILING DATE

APPLICANT(S)

09/936413

CLAIMS

AS FILED.	AFTER		AFTER		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1st AMENDMENT	2nd AMENDMENT	1st AMENDMENT	2nd AMENDMENT						
1	1									
2		1								
3										
4		1								
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48		1								
49		1								
50		1								
TAL										
TAL										
TAL										
AIMS										

TOTAL IND. 11 TOTAL DEP. 15 TOTAL CLAIMS 15